FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est time per response:
1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

Sales Workers Administrative Si Workers Craft Workers Operatives Laborers and He Service Workers	Administ Workers Craft W Operath Laborer	Administ Workers Craft W Operath	Adminisi Workers Craft W	Sales W Adminis' Workers	Sales W Adminis Worker:	Sales W	T	Technicians	Professionals	First/Mid-L Managers	Executiv	-			_			2018	2. Year	Isla 160 San	1. Name	25770
	10		Laborers and Helpers			rative Support			als	First/Mid-Level Officials and 1.2 Memagers	Executive/Senior Level 1.1 Officials and Managers				Categories				2. Year Report Filed	Island Wireless 1601 Neptune Drive San Leandro, CA 94577	Name and Mailing Address of Respondent	SECTION 4 - General Information
	0		æ	7	<u>. 63</u>	55	4	ω	2	<u> </u>	_	>	Male		Hisp				;	777	espondent	
	0											B	Female		Hispanic or			01/31/19	3. Reporting Period Co			
1.	0		, ,, and							-		၁	White					1/19	Reporting Period (Ending Date of Pay Period Covered by Report)			
	0	_										D	Black or African American						ng Date of Pa oort)			
	0											Е	Native Hawaiian or Other Pacific Islander	Male					y			
	0					-						F	Asian	316							:	
	0				·							G	American Indian or Alaska Native				Numi Report emplo	ь. 16	4. Number of Reporting			
	0											Ι	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	Number of Employees (Report employees in only one category)	a. It rewer man 18 (complete sections), iv, and v only) b. 18 or more (complete all sections)	4. Number of Full-Time Employees during Sele Reporting Period (check one):			
	0		44.	•								-	White		c or Latino		yees yees	ompiete sectio	nployees duri			
	0											J	Black or African American					ons I, EV, and	ng Selected			
	0										1	~	Native Hawaiian or Other Pacific Islander	Female				v only)				
	0											-	Asian	nale								
	0											3	American Indian or Alaska Native							Check his a char address.		
	0											z	Two or more							Check here if this is a change of address.		
0	0	0	0	0	0	0	0	0	0	0	0	0		A-N	Total			- - -				

SECTION III - Part-Time Employees.	yees.					i i		:								
								Number of Employees (Report employees in only one category)	Number of Employees employees in only one c	yees one category						
<u>.</u>				i					Race/Ethnicity							
Categories		Hispanic or	8						Not-Hispanic or Latino	ic or Latino						Total
		Latino				Male	ie					Female	Se .			Columns A - N
	Male		Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawailen or Other	Asian		Two or more races	
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Executive/Senior Level Officials and Managers	==															0
and	1.2			,		:										0
Professionals	N															0
Technicians	ω															0
Sales Workers	4															0
Administrative Support	Oi										•	·				0
Craft Workers	on .														:	0
Operatives	7	_	-													0
Laborers and Helpers	œ															0
Service Workers	မ												,			0
TOTAL	10 0		0	0	0	0	0	0	0	0	0	0	•	0	0	o
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.56, 90.168, 101.4, and 101.311.	nination C	omplaint	s Pursua	nt to 47 CFF	22.321, 23.5	55, 90.168, 101	l.4, and 101.	317.				:				
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	e Commiss y body hav e Commiss ling parties	ion that no ing compo ion that the Involved.	o complair etent juriso ne following date filed	its regarding liction in suc g complaints courts or ag	violations of i h matters dur alleging viola encies before	the equal emp ing the calend ations of the po	loyment prov ar year cover ovisions of ar atter has been	isions of Fede ed by this rep ny equal emplo n heard, file no	ral, state, terr ort. syment oppor	itorial, or loca tunity statute r designation.	il statutes hav have been file , and current s	Ites have been filed against this been filed against this company. current status or disposition.	gainst this company. sition.			
SECTION V - Certification Toertify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	owledge, ir	nformation	, and belk	of, all statem	ents in this re	port are true a	nd correct.									
Date	Typed or Printed Name of Person Signing	inted Nam	ne of Perso	n Signing		i	Sigpatuje		J.	7			Telephone No.	n ^e		
	David A. Hernandez	A 표	ernan	dez				Ceres	8				510-89	510-895-9500	AND OR RE	CATION
Title of Person Signing					OF ANY ST	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHED BY FINE AND/OR IMPRISONMENT (10 0.3.C. 1001) AND/OR INFOOMAGE OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 3/2 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	SE OR CON	STRUCTION	YERMIT (47 L	J.S.C. 312 (A)(1) AND/OR I	ORFEITURE	(47 U.S.C. 5	03).) AND ON IN	000